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Written on SEPTEMBER 26, 2014 AT 6:00 AM by SVANDERWERFF

A Brief History of U.S. Navy Psychiatric Diagnoses, Part I

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(ONE COMMENT)

By André B. Sobocinski, Navy Medicine Historian



It has become popular to decry a diagnosis of psychiatric illness with the argument that each patient is an individual so different that standard labels cannot be applied. This point of view ignores the fact that in psychiatry as well as in all medical disciplines, accurate diagnosis is the keystone of appropriate treatment and competent prognosis.

~Capt. George Raines, MC, USN,

Chairman of the APA Committee of Nomenclature and Statistics (1948-1952)

Long before there were psychiatrists Navy physicians tried their best to classify mental health disorders.

In the age of sail, Navy surgeons frequently diagnosed their patients using broad terminology from classical and heroic medical traditions. If you were to look through Navy hospital case reports and ship medical logs from the 19th century you will find terms such as hypochondriasis,


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[October 2014 \(15\)](#)

hysteria, melancholia, nostalgia, mania, dementia praecox, paranoia and even the ever-nondescript – “Insanity”. (1) These diagnoses were often subjective and based on individual experiences, educational backgrounds and patient load. In today’s medical practice many of these terms are curious relics. They do more to mask the actual environmental, occupational conditions and neurological disorders unknown to military physicians of our past.

With the advances in neurology in the 1880s, the Navy gradually replaced its broad classification “structure” with a more defined vocabulary. According to the *Instructions for Medical Officers of the U.S. Navy* (1886) the standard terminology for mental disorders followed the classification system established by the Joint Committee of the [Royal College of Surgeons in England](#) (see figure 1). Psychiatric disorders were categorized together with everything from seasickness (*Nausea Marina*) to epilepsy, tetanus and also included new disorders such as “neurasthenia”. (2)

A black and white portrait of George M. Beard, a man with dark hair, wearing a suit and tie, looking slightly to the right. The portrait is set against a light background.

George M. Beard

First coined by Dr. George Miller Beard (1839-1883), a former Navy physician, neurasthenia was a condition marked by “nervous exhaustion” attributed to “modern day stressors”.

First coined by [Dr. George Miller Beard \(1839-1883\)](#), a former Navy physician, neurasthenia was a condition marked by “nervous exhaustion” attributed to “modern day stressors”. (3) During the age of steam and steel, neurasthenia was not an uncommon diagnosis. From 1880 to 1900, almost 500 Sailors and Marines were diagnosed, which accounted for more than 8,000 sick days. During the [Spanish-American War \(1898\)](#), the condition reached a peak diagnosis of more than 90 cases and almost 2,100 sick days. (4) Today neurasthenia is considered a forerunner to post-traumatic stress disorder (PTSD).

At the turn of the century, several Navy physicians began exploring the causes of mental illnesses and paid greater attention to psychiatric diagnoses. In 1910, Past Assistant Surgeon Heber Butts, (1877-1939) considered the rank, rate, age, and the cause of abnormal condition of Sailors and Marines undergoing treatment at [St. Elizabeths Hospital](#) in Washington, D.C.(5) He identified alcoholism, heat/sunstroke/tropical climate and syphilis as the leading causes of mental disorders, including “hardships of war”, “mental strain”, “mental stress”, “worry” and “moral shock” as separate contributing factors.

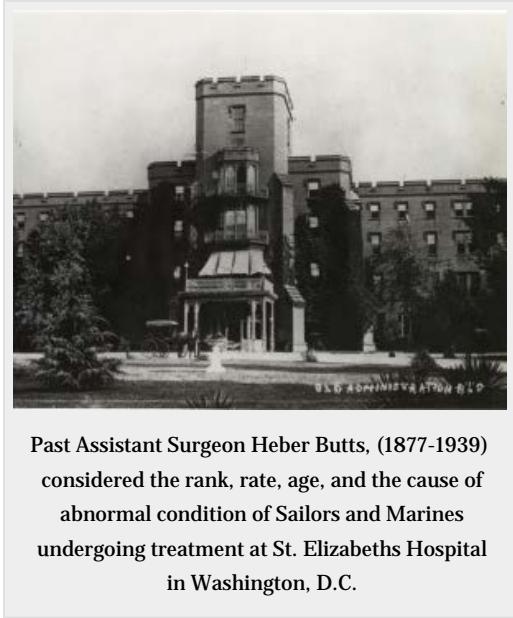
Although not listed in standard Navy terminology, Butts recommended reclassifying the diagnoses of “acute mania” and “acute melancholia” as “manic-depressive psychosis.”⁽⁶⁾

September 2014 (20)
August 2014 (14)
July 2014 (13)
June 2014 (8)
May 2014 (11)
April 2014 (9)
March 2014 (14)
February 2014 (7)
January 2014 (7)
December 2013 (7)
November 2013 (12)
October 2013 (7)
September 2013 (14)
August 2013 (13)
July 2013 (11)
June 2013 (22)
May 2013 (15)
April 2013 (14)
March 2013 (14)
February 2013 (14)
January 2013 (12)
December 2012 (11)
November 2012 (11)
October 2012 (7)
September 2012 (9)
August 2012 (12)
July 2012 (13)
June 2012 (17)
May 2012 (22)
April 2012 (14)
March 2012 (13)
February 2012 (14)
January 2012 (13)
December 2011 (13)

According to his study, Butts established that coal passers, firemen and seaman suffered the highest rate of mental illness in the Navy while Marine privates accounted for the largest number of psychiatric patients – 125 out of 528.(7)

In 1913, the Navy reclassified mental disorders as “Diseases of the Mind” (Class XI and after 1922, Class XV). The new classification model followed the *Bellevue Hospital Nomenclature of Diseases and Conditions* (published in 1911) with “some changes deemed desirable for naval use.”(8) Alcoholism and drug addiction, formerly categorized under dietary diseases and poisons were now listed as types of psychoses (i.e., “psychosis, intoxication”).

Beginning in 1927, the Navy expanded its standard psychiatric language, by patterning it on three different classification models: *Standard Nomenclature of Diseases and Pathological Conditions* (1919), (published by the Bureau of the Census, 1919); *Nomenclature of Diseases and Conditions, U.S. Public Health Service* (1921) and *Standard Terms for Diagnosis* (U.S. Army, 1922).(9) In a little more than a decade these new models would be considered obsolete and the armed services would make strides to establish a standard system of nomenclature.



November 2011 (20)
October 2011 (22)
September 2011 (12)
August 2011 (16)
July 2011 (10)

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Great article! The terms used for the old diagnoses are fascinating.